

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,	April 11 th
2. Full Name of Child,	Katia Mac Neil
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female
5. Place of Birth,	Southville
6. Name of Father,	Joseph Mac Neil
7. Residence,	Southville
8. Occupation,	Carpenter
9. Birthplace,	Nova Scotia
10. Name of Mother, (Maiden Name,)	Mrs. Mac Neil Hannah McGillivray
11. Residence,	Southville
12. Birthplace,	Nova Scotia

Dated at Southville April 18 89.

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Mrs. Rufus Lord

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,	October 31, 1889
2. Full Name of Child,	Edward
3. Color, *	Male
4. Sex, (and if twin or illegitimate,)	Southborough
5. Place of Birth,	Morris Noonan
6. Name of Father,	Westboro'
7. Residence,	Lester
8. Occupation,	Southborough
9. Birthplace,	
10. Name of Mother, (Maiden Name,)	Mary L. Mann
11. Residence,	Westborough
12. Birthplace,	"

Dated at

18

* If other than White.

(A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,	Mar. 16. 1890
2. Full Name of Child,	White
3. Color, *	
4. Sex, (and if twin or illegitimate,)	
5. Place of Birth,	Southville
6. Name of Father,	Pete White
7. Residence,	Southville
8. Occupation,	Brothman
9. Birthplace,	Malbros Mass.
10. Name of Mother,	Eldrich White
(Maiden Name,)	" Liberty
11. Residence,	Southville
12. Birthplace,	Canada

Dated at

March Oakland 1890

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Butterfield
from to Westboro

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,
2. Full Name of Child,
3. Color, *
4. Sex, (and if twin or illegitimate,)
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
(Maiden Name,)
11. Residence,
12. Birthplace,

Apr. 24 1890.
Dunne
Southville
Jerimiah Dunn
Southville
Baptist
Ireland
Maggie Dunn
Southville
Ireland

Dated at Rehland Apr. 24 1890

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Butterfield M.D.
from to Hudson

FILL EVERY BLANK.

Date of Birth..... *May 29, 1890*

30

Name of Child.....

Color, if other than white..... *White*

Sex..... *Male*

Condition:

Twin, Illegitimate, &c. } *Normal*

Place of Birth,
If other than Marlborough } *Marlborough*

Name of Father..... *Nathan P. Harvey*

Maiden Name of Mother..... *Page*

Residence of Parents,
If other than Marlborough } *Marlborough*

Occupation of Father..... *Bulcher*

*Place of Birth of Father..... *N. S.*

*Place of Birth of Mother..... *Gramming Lane*

*If in the United States—what town?

 Births of Still Born Children to be returned same as living children.

 When children born in the year have died during the same year, returns should be made of both birth and death.

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained, and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths and births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the Town of Westboro
(City or Town.)
during the month of June 1890.

1. Date of Birth,
2. Full Name of Child,
3. Color,
4. Sex (and if twin or illegitimate),
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
(Maiden name,)
11. Residence,
12. Birthplace,

June 11. 1890FemaleG. W. CaverlySouthvilleBootmakerDover N. H.Helen B. CaverlyHelen BrackettSouthvilleWesthampton

I certify that the foregoing is a true copy.

Attest:

Henry L. ChaseTown Clerk
(City or Town.)

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,
2. Full Name of Child,
3. Color, *
4. Sex, (and if twin or illegitimate,)
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
(Maiden Name)
11. Residence,
12. Birthplace,

June 28 /593
 Margaret Mc Neil
 Southville
 Joseph Mc Neil
 Southville
 Carpenter
 Nova Scotia
 Johanna Mc Neil
 Southville
 Nova Scotia -

Dated at Ashland June 28 1890

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

G. W. Buttafield D.N.B.

Commonwealth of Massachusetts.

RETURN OF A BIRTH.

No.

1. Date of Birth,	July 19 1890
2. Full Name of Child,	Sydia Letio
3. Color, *	
4. Sex, (and if twin or illegitimate,)	
5. Place of Birth,	Hayville
6. Name of Father,	Eldo Letio
7. Residence,	Hayville
8. Occupation,	Labor
9. Birthplace,	Canada
10. Name of Mother, (Maiden Name,)	Debbie Letio Denice Vincent
11. Residence,	Hayville
12. Birthplace,	Canada

Dated at Roxbury July 19 1890

* If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.

[Be very particular to fill all Blanks.]

L. W. Butterfield M.D.

FILL EVERY BLANK.

Date of Birth..... *July 25,
June 27, 1890*

Name of Child.....

Color, if other than white..... *White*

Sex *Male*

Condition :
Twin, Illegitimate, &c. } *Normal*

Place of Birth,
if other than Marlborough } *Southboro.*

Name of Father..... *Geo. H. Hagen*

Maiden Name of Mother..... *Vail*

Residence of Parents,
if other than Marlborough } *Southboro.*

Occupation of Father..... *Farmer*

Place of Birth of Father..... *W.B.*

Place of Birth of Mother..... *W.B.*

*If in the United States—what town?

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AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which the deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths and births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

✓ Copy of the Record of a

BIRTH

recorded in the books of the City of Worcester
(City or Town.)

during the month of February 1892.

1. Date of Birth,	<u>January 10 1891</u>
2. Full Name of Child,	<u>Nora Dorey</u>
3. Color,	<u>Female</u>
4. Sex (and if twin or illegitimate),	
5. Place of Birth,	<u>Southville Mass</u>
6. Name of Father,	<u>Thomas Dorey</u>
7. Residence,	<u>Worcester</u>
8. Occupation,	<u>Engineer</u>
9. Birthplace,	<u>Mass</u>
10. Name of Mother,	<u>Bridget</u>
(Maiden name,)	<u>Kelley</u>
11. Residence,	<u>Worcester</u>
12. Birthplace,	<u>Ireland</u>

I certify that the foregoing is a true copy.

Attest:

F. H. Towner

February 10 1892.

City
(City or Town.)

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

✓
Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Worcester
(City or Town.)

during the month of February 1892.

1. Date of Birth,	<u>January 16 1891</u>
2. Full Name of Child,	<u>Females</u>
3. Color,	<u>City Hospital Worcester</u>
4. Sex (and if twin or illegitimate),	
5. Place of Birth,	
6. Name of Father,	
7. Residence,	
8. Occupation,	
9. Birthplace,	
10. Name of Mother,	<u>Delia Dailey</u>
(Maiden name,)	
11. Residence,	<u>Southboro</u>
12. Birthplace,	<u>England</u>

I certify that the foregoing is a true copy.

Attest:

E. H. Jones

February 16 1892

Clerk.
(City or Town.)

AN ACT

IN RELATION TO THE RETURNS OF BIRTHS AND DEATHS.

Be it enacted, etc., as follows:

SECTION 1. The clerk or registrar of each city and town shall on the first day of each month make a certified copy of the record of all deaths and births recorded in the books of said city or town during the previous month, whenever the deceased person or the parents of the child born, were resident in any other city or town in this Commonwealth at the time of said death or birth; and shall transmit said certified copies to the clerk or registrar of the city or town in which such deceased person or parents were resident at the time of said death or birth, stating in addition the name of the street and number of the house, if any, where such deceased person or parents so resided, whenever the same can be ascertained; and the clerk or registrar so receiving such certified copies shall record the same in the books kept for recording deaths or births. Such certified copies shall be made upon blanks to be furnished for that purpose by the secretary of the Commonwealth.

SECTION 2. This act shall take effect upon its passage. [Approved April 5, 1889.]

Blank to be used in compliance with the foregoing.

Copy of the Record of a

BIRTH

recorded in the books of the City of Marlborough
(City or Town.)
during the month of April 1891.

1. Date of Birth,
2. Full Name of Child,
3. Color,
4. Sex (and if twin or illegitimate),
5. Place of Birth,
6. Name of Father,
7. Residence,
8. Occupation,
9. Birthplace,
10. Name of Mother,
(Maiden name)
11. Residence,
12. Birthplace,

April 15, 1891
— — — — — Lamprey
W
M
Southborough
Horval Lamprey
Southborough
Carpenter
Portsmouth, N.H.
Gillie
" Hyde
Southborough
Southborough

I certify that the foregoing is a true copy.

Attest:

E. Ballard

Geo. F. 1891.

Clerk
(City or Town.)

FILL EVERY BLANK.

Date of Birth

Aug. 5, 1891

Name of Child

White

Color, if other than white

Male

Sex

Condition,
Twin, Illegitimate, Etc.

Normal

Place of Birth,
If other than Marlborough

Southboro,

Name of Father

David O'Connell

Maiden Name of Mother

Torrey

Residence of Parents,
Street and Number

Westboro Road

Occupation of Father

Farmer

*Place of Birth of Father

Ireland

*Place of Birth of Mother

Ireland

*If in the United States, what town.

Signature of person
making return

N. C. Smith M.D.

FILL EVERY BLANK.

Date of Birth Sept. 24, 1891

Name of Child Conrad L. Leonard

Color, if other than White

Sex Male

Condition :
Twin, Illegitimate, &c. }

Place of Birth,
If other than Marlborough } Fayville

Name of Parents William C. Dow

Maiden Name of Mother Habie L. Williams

Residence of Parents,
If other than Marlborough } Fayville

Occupation of Father Farmer

Place of Birth of Father Charlestown, Mass.

Place of Birth of Mother Montpelier, Vt.

George Deane Dow

Births of Still Born Children to be returned same as living Children

When children born in year have died during the same year, returns should be made of both birth and death.

FILL EVERY BLANK.

Date of Birth

June 4, 1892

Name of Child

White

Color, if other than white

Sex Male

Condition, {
Twin, Illegitimate, Etc. } *Normal*

Place of Birth, {
If other than Marlborough } *Southboro*

Name of Father *Geo. H. Hague*

Maiden Name of Mother *Vail*

Residence of Parents, {
Street and Number } *Southboro*

Occupation of Father *Farmer*

*Place of Birth of Father *H. B.*

*Place of Birth of Mother *H. B.*

*If in the United States, what town.

Signature of person
making return } *H. E. Smyth, M.*